

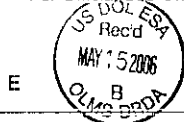
FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text" value="08168"/>	2. Fiscal Year Covered From: <input type="text" value="1"/> / <input type="text" value="1"/> / 2005 Through: <input type="text" value="12"/> / <input type="text" value="31"/> / 2005
3. Name and address of person filing. Name <input type="text" value="Brian"/> <input type="text" value="Hellman"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="100 Indiana Ave, NW"/> City <input type="text" value="Washington"/> State <input type="text" value="District of Columbia"/> ZIP Code + 4 <input type="text" value="20001"/>	4. Name, file number, and address of labor organization. Name <input type="text" value="National Association of Letter Carriers"/> Labor Organization File Number <input type="text" value="000-509"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text" value="100 Indiana Ave, NW"/> City <input type="text" value="Washington"/> State <input type="text" value="District of Columbia"/> ZIP Code + 4 <input type="text" value="20001"/>
5. Position in labor organization. <input type="text" value="Director of Safety and Health"/>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/>

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Peake-Delancey Printing, LLC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2500 Schuster Drive

City Cheverly

State Maryland

ZIP Code + 4 20781

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Printer who bids on print jobs

11.b. Approximate dollar value of such dealing.

\$2,080,810

12.a. Nature of interest held or income received.

Seasonal Gift packs

Fruit Basket

12.b. Amount.

\$401

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.